Mississippi Department of Human Services/Division of Youth Services Consent for Placement for Special Education Services

This form is completed when the student is initially placed into special education services. A copy of the original consent for placement may be used to continue services in a MDHS/DYS facility if this is obtained from the student's previous school district. If the original consent is not available, the parent is asked to sign a Replacement Consent form.

	_ Initial Replacement Consent		
Name of Facility:		Date:	
(IEP) for my child, she/he participate in sp	was invited to participate in the pecial education services. I und in my child's Individual Edu	I un lerstand that this	of the Individual Education Program derstand that it is recommended s recommendation includes all the (IEP).
I have received a copy of the items checked below: Procedural Safeguards Individual Education Program including IEP minutes Evaluation Reports Assessment Team Reports			
Yes, I do agree with this placement. No, I do not agree with this placement for the following reasons:			
Signature of Parent/Gu	ardian/Surrogate	Date	
Student's Date of Birth	:	***************************************	
Identification Number:			